

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

Christopher A Settle

3514491

(Enter above the full name of the plaintiff
or plaintiffs in this action).

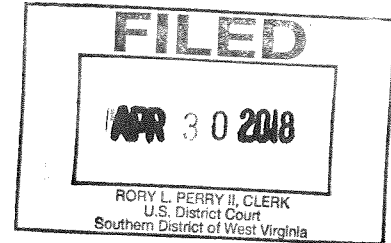
(Inmate Reg. # of each Plaintiff)

VERSUS

CIVIL ACTION NO. 5:18-CV-00750
(Number to be assigned by Court)

Southern Regional Jail -
Prime Care Medical, Inc.

(Enter above the full name of the defendant
or defendants in this action)



COMPLAINT

I. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes _____

No ☒ _____

II. Place of Present Confinement: Southern Regional Jail

A. Is there a prisoner on

A. Is there a prisoner grievance procedure in this institution?

Yes No

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure? NO

Yes No

C. If your answer is YES:

1. What steps did you take? I have talked to
Warden Franzis

2. What was the result? I was told if I wanted
anything done to get this form and see them

D. If your answer is NO, explain why not:

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: Christopher A Settle
Address: Southaven, Mississippi

Address: Southern Regional Jail - 1200 Airport Road
Beaver, WV 25813

B. Additional Plaintiff(s) and Address(es): Beaver, WV 25813 500 Airport Road

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: Southern Regional Jail
 is employed as: Prime Care Medical, Inc
 at The Medical Unit in Southern Regional Jail

D. Additional defendants: _____

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Facts - ~~Doctor~~ Doctor and Nurses had been advised
4 days in a row that I was not doing to good with
my epilepsy and they denied me care and I had a Seizure
On or around 1-25-18 at this point I was sent out to
A nearby Hospital from there I was transfered to
Saint Marys in Huntington Wv. At this time I was
told what had happend.

IV. Statement of Claim (continued):

At this point I feel that I can not say
what needs to be said because I am still
Incarcerated at the Southern Regional Jail.
The Doctor is Reshid
Head of Medical - Britnie Foster

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

I want to prove the Defendant found guilty for
there actions.

V. Relief (continued)):

VII. Counsel

A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes _____ No ☒

If so, state the name(s) and address(es) of each lawyer contacted:

If not, state your reasons: Because I do not feel safe,
and I am very limited to what I'm able to do.

C. Have you previously had a lawyer representing you in a civil action in this court?

Yes _____ No ☒

If so, state the lawyer's name and address:

Signed this 24 day of April, 2018.

Chris Settle

Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 24 2018
(Date)

Christopher Settle

Signature of Movant/Plaintiff

Signature of Attorney
(if any)